

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021625

State File No.

FILED JUN 18 1957

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE: (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF FOOT in hospital or institution, give street address or location) <u>St. Joseph's Hill INFIRMARY</u>				e. STREET ADDRESS (If rural, give location) <u>5372 THEODOSTIA 2069</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u>		b. (Middle) <u>KEMMEY</u>		c. (Last) <u>KEMMEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 1957</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 9 1869</u>	
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Give kind of occupation done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis POLICEMAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IRELAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>PATRICK KEMMEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KENNEDY</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH HARGROVE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Br. Robt St. Joseph's Hill Inf. EUGEN</u>		ADDRESS <u>St. Joseph's Hill Inf. EUGEN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED ARTERIO-SCLEROSIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFIRMITIES OF AGE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ INTERVAL BETWEEN ONSET AND DEATH _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/22</u> , 19 <u>53</u> , to <u>6/7</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/7</u> , 19 <u>57</u> , and that death occurred at <u>3:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Marder M.D.</u>		23b. ADDRESS <u>St. Joseph's Hill Infirmary, EUGEN</u>		23c. DATE SIGNED <u>6/7/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 10 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MISSOURI</u>	
DATE REC'D BY LOCAL REG <u>6-9-57</u>		REGISTRAR'S SIGNATURE <u>Arthur E. Damer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur E. Damer</u> ADDRESS <u>3840 Lindell</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 18 1957

JUN 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 469

P. O. Address 384 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.